

**REGISTRATION OF TRUE NAME AND ASSUMED NAME
OF PUBLIC ENTERTAINER OR PERFORMER**

Description

Whoever, for compensation, appears in a public exhibition, public show, public amusement or other public performance under an assumed name shall file with the Commissioner of Public Safety as set forth in Chapter 140, §181A of the Massachusetts General Laws. This license is valid for one year from the date of your birth.

Applicant Must Submit the Following:

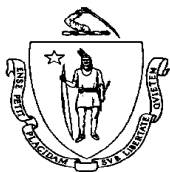
1. A completed application.
2. A color copy of government issued photo ID.
3. A check for \$2.00 made out to, "The Commonwealth of Massachusetts."

Fees

License \$2.00 (Yearly)

Agency

Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
(617) 727-3200 ext. 25265



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:
ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108

REGISTRATION OF TRUE NAME AND ASSUMED NAME OF PUBLIC ENTERTAINER OR PERFORMER No.

Chapter 140, Section 181A, G.L. (Ter. Ed.), As Amended

**A \$2.00 NON-REFUNDABLE FEE & A COLOR COPY OF A GOVERNMENT ISSUED ID
MUST ACCOMPANY THIS REGISTRATION**

True Name (PRINT) _____ Assumed Name (PRINT) _____

Legal Address _____
(Street) (City) (State) (Zip Code)

Business Address _____ Occupation _____

Telephone Number _____ E-mail Address _____

Date of Birth _____ Place of Birth _____

If not born in United States give date and place of naturalizations

Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Social Security # _____

Father's Legal Name _____ Mother's Maiden Name _____

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY:

Legal Signature _____

Sign Assumed Name _____

Date _____

AUTHORIZATION FOR RELEASE OF RMV INFORMATION:

My signature below authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

[] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	